



FLORIDA CONRAD 30/J-1 VISA WAIVER PROGRAM GUIDELINES AND PROCEDURES

Purpose: The Florida Department of Health (DOH) State Primary Care Office (PCO) administers the Florida Conrad 30/J-1 Visa Waiver Program. Our goal is to improve access to primary health care services and to address health disparities within federally designated Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUAs/MUPs).

Guidelines:

- Up to 30 waivers will be recommended from October 1 through September 30 of each year (cycle). The deadline for submitting applications is the first Monday in November of every year.
- A physician must practice clinical medicine full time (no less than 40 hours per week) in a designated primary care or mental health HPSA or MUA/P (excluding FLEX waivers) for the required three (3) year obligation period, which commences within 90 days from the date the waiver is approved by the U.S. Bureau of Citizenship and Immigration Services.
- The facility, upon recommendation of waiver application, must: accept Medicaid/Medicare clients, employ a discounted/sliding fee schedule for low-income clients, and post a notice in a conspicuous place in the waiting area that all clients will be seen regardless of their ability to pay.
- A transfer from one site to another is not permitted without prior written approval by DOH.
- Sites receiving waiver approval must agree to report to DOH on the status of their J-1 physician's activities annually during the three year waiver service period using the Florida Visa Waiver Physician Practice Status Report.
- Primary care specialties, which include family medicine, internal medicine, pediatrics, obstetrics and gynecology, psychiatry, and hospitalist, are the priority for the State of Florida. Additional waivers for specialists will be considered only if there are unused waivers after the review and scoring process is complete.
- There are no restrictions regarding the type of specialists allowed, with the exception of those involved in care that is not medically essential, such as cosmetic surgery.
- Non-HPSA-MUA/P (FLEX) waivers will be considered only if there are unused waivers after the review and scoring process is complete.
- There is no limit to the number of applications submitted by an employer. However, only one application per specialty may be recommended. If unused waiver slots remain, additional applications from like specialties may be considered. The employer will prioritize the applicants from like specialties based on their clinic needs.
- Past compliance with the program guidelines may be considered.

- Applications will be reviewed and scored competitively and final determinations will be made on the basis of the eligibility requirements and selection criteria specified. The state's highest priority for waiver placement is primary care physicians working at outpatient/ambulatory care sites or with safety net providers located in high need areas. Figure 1 illustrates the distribution of these high need areas, defined as primary care HPSAs with a score of sixteen or greater.
- Any violations of policy, including failure to provide status reports in a timely and accurate manner, or failure to demonstrate good faith in utilizing a J-1 physician's services in accordance with these policies will jeopardize future eligibility for placements and will cause for reporting to federal authorities or the Florida Board of Medicine. This referral could ultimately lead to invocation of remedies such as a reprimand, fine, revocation of the medical license, or deportation proceedings against the J-1 physician.
- Applicants will be notified of the decision to recommend or not recommend their application after final approval by the State Surgeon General. Applicants must remain patient and allow DOH ample time to reach a decision on each application. Correspondence between employers, physicians, or attorneys with DOH will not take place during the review and scoring of applications. Recommended applications will be sent certified mail, return receipt requested to the United States Department of State (USDOS).
- Applicants will be notified directly from the USDOS/USCIS of their approval or denial. DOH recommendation does not guarantee approval from the USDOS or the Bureau of Citizenship and Immigration Services. Notification of waiver status and commencement of employment must be submitted to DOH upon receipt of written notification of approval from the U.S. Bureau of Citizenship and Immigration Services. This notification, which may be a signed letter from the employer, must include the date the three year obligation commences.

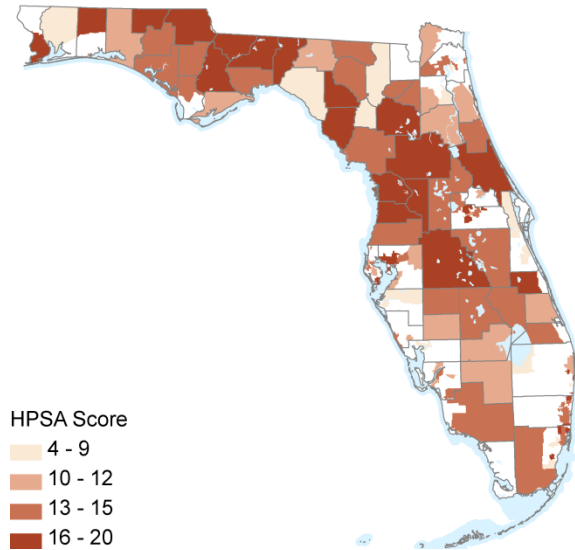


Figure 1: Primary Care HPSAs by Score

Monitoring and Reporting:

The J-1 physician and employer shall complete the Florida Visa Waiver Physician Practice Status Report by June 30 of each year. This form will allow DOH to monitor the status of the J-1 physician and information about the practice sites. DOH or its representative may also conduct periodic monitoring through telephone calls or site visits to ensure compliance with federal and state policies and procedures. Violation of any of the agreed upon conditions by the employer may result in denial of future requests for J-1 visa waivers. Violation of any of the agreed upon conditions by the physician may result in referral of the physician to the appropriate office.

The physician and employer shall, upon reasonable notice and during normal business hours, grant DOH representatives, who shall maintain full confidentiality and comply with HIPAA regulations, reasonable access to all records maintained by the physicians' practice, which are pertinent to ascertaining compliance with these guidelines. DOH representatives may also perform audits for compliance of these guidelines.

Other providers of indigent care in the county or community may be notified of the J-1 physician placement. The physician's name and practice location may be posted on the State Primary Care Office website as a provider of primary health care that accepts Medicare, Medicaid and utilizes a discounted/sliding fee schedule for the uninsured population.

Contract changes which result in termination of employment, change in practice scope, or relocation from a site approved in the application request to a new site must be presented in writing to DOH prior to the change.

Application Procedure and Checklist:

Submit one original and one copy of the completed application and required documents. Do not use staples, binders, or pages larger or smaller than 8.5 x 11. Documents should be submitted in the following order, separated by a colored divider page, appropriately labeled with the name of the document behind it. **The United States Department of State Waiver Case File Number must appear on the lower right corner on every page of the application.**

- 1) Completed Florida J-1 Visa Waiver Application with the completed Affidavit and Agreement Form
- 2) Cover Letter from the practice facility that indicates a desire to hire the physician
- 3) Employment Contract, which includes:
 - Signatures of both the J-1 physician and employer
 - Date the document was signed
 - Name, physical address, mailing address, phone number, and email address of the practice facility
 - Minimum of 40 hours per week of direct patient care
 - Three (3) year term of employment, including the specific start and end dates and a statement that work shall commence within 90 days after the waiver is approved by the U.S. Bureau of Citizenship and Immigration Services
 - Description of the geographic area served by the facility
 - Statement from the J-1 physician agreeing to the contractual requirements set forth in Section 214 of the Immigration and Nationality Act and the requirements of the Florida J-1 Visa Waiver Program policies and procedures
- 4) Physician Attestation signed, dated, and stating:
I, (physician name), hereby declare and certify, under penalty of the provisions of 18USC.1001, that: (1) I have sought or obtained the cooperation of the Florida Department of Health which is submitting an IGA request on behalf of me under the Conrad 30 Program to obtain a waiver of the two-year home residency requirement; and (2) I do not now have pending nor will I submit during the pendency of this request, another request to any U.S. Government department or agency or any equivalent, to act on my behalf in any matter relating to a waiver of my two-year home residence requirement.

- 5) Employer Attestation signed, dated, and stating:
I, (employer name and title) of (name of facility), hereby certify, under penalty of the provisions of 18 U.S.C. 1001, that: (1) our facility is located at (full address of facility), (county), (FIPS code), (census tract); (2) is located in a (Health Professional Shortage Area or Medically Underserved Area/Population) (HPSA or MUA/P ID number); and (3) provides medical care to Medicare and Medicaid eligible patients and indigent, uninsured patients.
- 6) Evidence of shortage designation status (copy of the HRSA "[Find Shortage Areas: HPSA & MUA/P by Address](#)" query result)
- 7) Copies of the facility's discounted/sliding fee schedule and the public notice of the availability of the discounted/sliding fee schedule. The public notice shall be posted in the patient waiting room and shall include the facility's commitment to serve all patients regardless of their ability to pay or their enrollment in Medicare or Medicaid.
- 8) Copy of the physician's valid Florida medical license (if applicable)
- 9) Curriculum Vitae of the J-1 physician
- 10) Personal Statement from J-1 physician regarding his or her reasons for not wishing to fulfill the two-year home country residence requirement to which the applicant agreed at the time of acceptance of exchange visitor status
- 11) Data Sheet DS-3035
- 12) Copies of all forms and documentation needed to verify visa and/or training status, including DS-2019 formerly IAP-66 forms (in chronological order with the "Beginning a new program" first) and I-94 forms with entry and departure cards front and back and a Duration of Stay (D/S) stamp
- 13) Explanation for Out of Status if the foreign medical graduate spent any period of time in some other visa status, out of status, or outside of the U.S.
- 14) Form G-28 or letterhead from law office, if attorney represents applicant
- 15) A "No Objection" Statement from the visitor's government if foreign government funding is involved
- 16) Any other documents or information needed to determine the appropriateness of requesting the J-1 Visa Waiver.